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## BIB DATA SHEET

CONFIRMATION NO. 3694

<b>SERIAL NUMBER</b> 10/568,056	<b>FILING or 371(c) DATE</b> 07/13/2007 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 53015-7004		
<b>APPLICANTS</b> Thomas G. Eakin, Comber, UNITED KINGDOM; <b>** CONTINUING DATA ***** I.T. 05/21/2009</b> This application is a 371 of PCT/GB04/03520 08/13/2004 <b>** FOREIGN APPLICATIONS ***** I.T. 05/21/2009</b> UNITED KINGDOM 0319139.2 08/14/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/17/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ILYA Y TREYGER/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> SCHWARTZ COOPER CHARTERED IP DEPARTMENT 180 NORTH LASALLE STREET SUITE 2700 CHICAGO, IL 60601 UNITED STATES						
<b>TITLE</b> Ostomy/Fistula Bag						
<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			